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and
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INDICATION FORM**

Application Number	10/748,291
Filing Date	December 31, 2003
First Named Inventor	Chen-Bong CHENG
Title	RAPID CYCLE PRESSURE SWING...
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:



Practitioners associated with the Customer Number:

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Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:



Applicant/Inventor.


 Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

SIGNATURE of Applicant or Assignee of Record

Signature	Steve Chao	Date	February 17, 2009
Name	Steve CHAO	Telephone	
Title and Company	Legal Representative of MERITS HEALTH PRODUCTS CO., LTD.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



Total of 1 forms are submitted.

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PTO/SB/82 (10-00)

Approved for use through 10/31/2002, OMB 0851-0035

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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/748,291
Filing Date	December 31, 2003
First Named Inventor	Chen-Bong CHENG
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

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☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

Steve CHAO

Signature

Steve Chao

Date

February 17, 2009

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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